

**STATEMENT TO THE HOUSE LABOR-HHS-EDUCATION
APPROPRIATIONS SUBCOMMITTEE**

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Representing:

National Assembly on School-Based Health Care

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SUMMARY:

Federal funding for school-based health centers comes from two important sources of the US Department of Health and Human Services, Health Resources and Services Administration: the maternal and child health block grant, used by states and localities to establish grant programs; and the consolidated health center program, which includes school-based health centers among its eligible health care delivery models.

In addition to the continued and full support of these programs, the National Assembly urges this committee's support for dedicated federal resources and a distinct program standard and application process that will assure a stable program foundation, maintain the highest standard of care nationally, and provide an invaluable incentive for community health organizations to partner with schools to deliver comprehensive health and mental health services on site.

Dear Mr. Chairman and Members of the Subcommittee:

Thank you for this opportunity to provide input into the federal government's budget for health and human service programming. I am Veda Johnson, a pediatrician, and medical director for the Whitefoord Elementary and the Sammye E. Coan Middle School Health Clinics in Atlanta – one of more than 1500 school-based health centers across the country that deliver medical, oral and mental health care where children learn and grow: their schools.

These two school-based clinics are a critical source of comprehensive care and social support to the medically underserved children and families in my community. We have organized our services in the school based on the principle espoused by the famous bank robber Willie Sutton: it's where the kids are. We strive daily to break down the significant health and social barriers to learning, and promote optimal health and education outcomes among the students in our care. Eliminating barriers to access for healthcare along with the multidisciplinary approach to providing that healthcare are the hallmarks of school based health services and the means by which we contribute to the success of children and adolescents.

One success story occurred during our third year of operation. A 9 year old boy was sent to the elementary school clinic by his 3rd grade teacher. He had vomited in his classroom upon standing to give a speech on what he wanted to be when he grew up. Upon initial examination, the child did not appear to be very ill but upon closer inspection, we were able to detect a significant physical finding that led to the diagnosis of a malignant brain tumor. The early diagnosis and treatment of this child's tumor most likely saved his life. He is now a healthy and well adjusted 9th grader who continues to utilize our services at the middle school clinic. He has some residual learning problems, but his chances of growing up to become whatever he had written on his 3rd grade speech was increased significantly by his visit to our clinic and the early detection of his brain tumor.

In addition to increasing access to quality healthcare, we provide a sense of security to parents who rest assured in the knowledge that their child's health care is covered at no or low cost, to school leaders who recognize that prompt attention to student illness means a prompt return to the classroom, and to employers who appreciate that employee productivity is affected when sick children aren't attended to. We also provide a savings to the public, as my own center has demonstrated, by reducing inappropriate emergency room usage among children, teens and their families.

- School-based health centers are located directly in the school or on school property. In collaboration with the school, health centers are administered by community-based organizations, including hospitals, public health departments, community health centers, and non-profit health care agencies.
- School-based health centers are staffed by an interdisciplinary team of physical and mental health professionals who provide a scope of service specifically tailored to the needs of children and adolescents.
- School-based health center financing is a mix of state and local general revenue, federal and state public health grants, private foundation grants, Medicaid, and resources from health care organizations and schools.

- Comprehensive assessments, diagnosis and treatment of acute illnesses, well child exams, immunizations, mental health counseling, chronic health management, laboratory services, and prescriptions are commonplace in the health center. Health center visits most often reported include well child exams, mental health, respiratory illness, as well as ear, nose and throat concerns.

In spite of the tremendous advantages afforded by health centers in schools, significant policy and financial barriers prevent the widespread replication of school-based primary care as a child-focused safety net strategy. Because of inadequate funding for preventive and mental health care services in primary care settings, school-based health centers experience great difficulty in integrating *and* sustaining their comprehensive scope of services.

Federal appropriations for school-based health centers are critical to sustaining this innovative and effective model over the long-term.

- The National Assembly on School-Based Health Care, which I represent today, joins with the maternal and child health advocacy community in supporting full funding of the Title V maternal and child health block grant. Many state and local health departments allocate the block grant to school-based health centers through a competitive grant process. However, level funding of the MCH block grant these past many years, and growing competition for public health resources, has resulted in school-based health center budget cuts.
- The National Assembly supports the continued growth of the consolidated health center program. Over the last decade and under this committee's leadership, the number of school-based health centers supported under this program has grown to 75. Today, the annual financial commitment is near \$20 million.
- In the past two years however, the number of successful grants made to school-based health centers through the consolidated health center program has dropped precipitously. Only 2 of 43 applications were awarded last fiscal year - an inexplicable fact given the President's health center growth initiative. We would expect to see a growth of school-based health centers as part of the national primary care access point expansions for school-age children and youth.
- The National Assembly urges this committee's support for dedicated federal resources and a distinct program standard and application process that will assure a stable program foundation, maintain the highest standard of care nationally, and provide an invaluable incentive for community health organizations to partner with schools to deliver comprehensive health and mental health services on site.

During my 16 years as a practicing pediatrician, I have worked in essentially every health care model that exists in this country. I have worked in federally qualified health centers, private practices, university and hospital based health centers, and finally for the past 9 year, school based health centers. Of all these models, only the school based health center has allowed me to effectively care for children in the context of everything that affects their lives. I can think of few models that effectively embody the key systemic principles of a primary health care program that serves as a portal of entry for school-age children. For far too many children, the health centers are not just an entry point, but the sole source of health care, emotional and academic support, and professional advocacy. School-based health centers have proven themselves to be a valuable component of a culturally competent, coordinated system of care that emphasizes early detection, assessment and intervention. They should be one our first lines of defense.

BIO-SKETCH
VEDA CHARMAINE JOHNSON, M.D.

Veda Johnson received a Bachelor of Science Degree from Alma, Michigan and her Medical Degree from Emory University School of Medicine in Atlanta, Georgia where she also completed a Residency in Pediatrics. After completing an additional year as Chief Resident, Dr. Johnson served a four-year obligation with the National Health Service Corp. in Meridian, Mississippi where she served as Medical Director at the Meridian Community Health Center. Her interest in school health began during this time when she developed a school health program for the clinic's adopted elementary school and the local Head Start Program.

Dr. Johnson returned to Atlanta in 1992 and accepted a position at Emory University a year later to develop a comprehensive school-based clinic in the Atlanta School System. After receiving funding from the Department of Health and Human Services' Healthy Schools, Healthy Communities (HSHC) Program, the school clinic opened its' doors in November, 1994. This clinic has provided medical care to over 95% of the students enrolled at Whitefoord Elementary School where special emphasis is placed on the psychosocial and psychoeducational aspects of health care. Additional funding from the HSHC program was secured to expand school based health services into the communities' Coan Middle School. This clinic became operational in the fall of 1999. Dr. Johnson serves as Program and Medical Director for both clinics.

In addition to serving as Medical Director and Program Director for the Whitefoord and Coan School Clinics, she is an assistant professor of Pediatrics at Emory University School of Medicine and acts as the Medical Director for two other community based pediatric primary care clinics affiliated with the Grady Health System. Dr. Johnson serves on the Boards of the Whitefoord Community Program, a community-based support program for the children and families of the Whitefoord Community and the Good Samaritan Health Center, a health center catering to the poor and homeless of Atlanta.

Dr. Johnson joined the Board of Directors to the National Assembly on School-Based Health Care in 2002.

"I believe in providing healthcare in the context of family, home, and community. Primary healthcare is the basis of this holistic approach to caring for children. Prevention, early detection, and appropriate intervention can only be accomplished when there is access to all factors that affect the health of an individual."

National Assembly on School-Based Health Care Disclosure of Federal Grants or Contracts

The National Assembly on School-Based Health Care currently holds three federal cooperative agreements:

US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health, to support national technical assistance center for school-based health care, \$200,000

US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, to support national technical assistance center for school-based health care, \$300,000

US Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Adolescent and School Health, National Programs to Prevent HIV Infection and Other Important Health Problems, \$190,000